

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9		/				
10	/	/				
11		/				
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21	/					
22	/					
23	/					
24	/					
25	/					
26	/					
27	/					
28	/					
29	/					
30	/					
31		/				
32	/					
33	/					
34	/					
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41		2				
42		3				
43		3				
44		3				
45		3				
46	/					
47	/					
48	/					
49		/				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52	/					
53	/					
54	/					
55	/					
56	/					
57		/				
58	/					
59	/					
60	/					
61	/					
62	/	/				
63	/					
64		/				
65	/					
66		/				
67		/				
68	/					
69	/					
70		/				
71		/				
72		/				
73		/				
74		/				
75	/					
76	/					
77	/					
78	/					
79	/					
80	/					
81	/					
82	/					
83	/					
84		/				
85		/				
86		/				
87		/				
88		/				
89		/				
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						